DEPAR	RS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES	4	ath 112111	FORM	D: 12/07/201 M APPROVE
SIATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILOII	TIPLE CONSTRUCTION	COMB NO	0.0938-039 SURVEY
		445473	B. WING_		_	- 546.6.4
NAME OF	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE		06/2011
JEFFER	SON COUNTY NURS	ING HOME	1	914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725	, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	AYEMENT OF DEFICIENCIES Y MUSY BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN (EAGH CORRECTIVE GROSS-REFERENCED T DEFICI	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETION DATE
K 021 SS=E	Any door in an exit enclosure, horizont hazardous area en devices arranged to doors by zone or th activation of: a) the required mar b) local smoke detection sy	rinkler system if installed		The facility will assufire doors are held of devices. The corridocated at the 100 hall 100 hall horizontal enear room 108, 200 hexit fire doors by the office, and Fire doors will be repaired to clatch. This issue was addressity Assurance Commicember 16, 2011 meet reviewed for compliat thereafter. On-going be monitored by the A and Maintenance Direction of the search of the sea	pen by approved or fire doors lo- hopper room, xit fire doors hall horizontal Social Services by room 311 ose to a positive ssed by the Qualittee at the Deting and will be nee periodically compliance will Administrator	01/19/12
	based on observatifaled to assure comby approved devices. The findings include Observation and interpretor, on December Confirmed the follow not close to a positivation of the follow half horizontation and follows half horizontation and fo	erview with the Maintenance ber 6, 2011 at 2:00 p.m. ring corridor fire doors would be latch: com all exit fire doors hear room all exit fire doors by the Social com at 11				
K 025 1	NFPA 101 LIFE SAF	ETY CODE STANDARD	K 025			
ORATORY	DIRECTOR'S OR PROMOS	RISUPPLIER REPRESENTATIVES CICHA				

TO SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2011 FORM APPROVED OMB NO. 0938-0391

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN B. WING	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
	PROVIDER OR SUPPLIER		STF 9	REET ADDRESS, CITY, STATE, ZIP COL 14 INDUSTRIAL, PARK RD	12/06/2011 DE	
(X4) ID PREFIX TAG	EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLÉTIC	
K 025 SS≃D	Smoke barriers ar least a one half ho accordance with 8 terminate at an atreprotected by fire-repanels and steel freseparate compartrelioor. Dampers are penetrations of sm	e constructed to provide at our fire resistance rating in .3. Smoke barriers may ium wall. Windows are ated glazing or by wired glass ames. A minimum of two ments are provided on each e not required in duct oke barriers in fully ducted in and air conditioning systems.	K 025	The facility will assure all rier fire ratings are maint sealed penetrations in the the Medical records room hall electrical room will be This issue was addressed ity Assurance Committee cember 16, 2011 meeting a reviewed for compliance pethereafter. On-going combe monitored by the Admit and Maintenance Director	ained. Unceiling of and the 300 e sealed. by the Qualat the Deand will be periodically pliance will instrator	
K 029 SS=E	failed to assure sm maintained. The findings includ Observation and in Director, on Decerr confirmed unsealed the Medical records electrical room. NFPA 101 LIFE SA One hour fire rated fire-rated doors) or extinguishing system and/or 19.3.5.4 profit the approved autom option is used, the a other spaces by sm doors. Doors are se field-applied protect	is not met as evidenced by: tion and interview, the facility toke barrier fire ratings are e: terview with the Maintenance ther 6, 2011 at 10:40 a.m. d penetrations in the ceiling of s room and the 300 hall FETY CODE STANDARD construction (with ¾ hour an approved automatic fire m in accordance with 8.4.1 tects hazardous areas. When the hatic fire extinguishing system the areas are separated from toke resisting partitions and celf-closing and non-rated or tive plates that do not exceed toottom of the door are	a t t p g	The facility will assure all harea's one (1) hour fire rate ion is maintained. The lause protected by 1-hour constitutions with its architect. Once ect specifies the best solution liance with this, the facility age a licensed contractor to tent the solution. (continued on	d construc- ndry will struction. ressing the archi- on for com- will en- o imple-	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2011 FORM APPROVED OMR NO. 0938-0391

STATEM	ENT OF DEFICIENCIES	TO STORY OF THE ST	***			OMB NO	0.0938-039
AND PLA	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE COMPI	SURVEY
	144	445473	B. WI	NG		401	000046
JEFFE	F PROVIDER OR SUPPLIER	\$1000000000000000000000000000000000000		914	T ADDRESS, CITY, STATE, ZIP CODE INDUSTRIAL PARK RD IDRIDGE, TN 37725	12/	06/2011
(X4) ID PREFI) TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix .	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	UIDSE	(X5) COMPLETION DATE
	interview, the facility area 's one (1) hour maintained. The findings include Observation, record Maintenance Directed 2:45 p.m. confirmed protected by 1-hour of building construct Maintenance Directed 2:55 p.m. confirmed 1-hour rated construintenance Directed 1-hour rated 2-hour rated 2-h	s not met as evidenced by: ion, record review, and realied to assure hazardous refire rated construction is review and interview with the or, on December 6, 2011 at the laundry was not construction. Record review ion drawings with the or on December 6, 2011 at the laundry was shown to be ction. ETY CODE STANDARD equired for life safety is maintained in accordance at Electrical Code and NFPA an approved maintenance complying with applicable		The Ass 16, for On by Din This ity A cem reviet ther be m	e facility will assure smoke of are tested for sensitivity a m of every five (5) years. Is issue was addressed by the facility will assure smoke of are tested for sensitivity a m of every five (5) years. Is issue was addressed by the Assurance Committee at the ber 16, 2011 meeting and wewed for compliance period reafter. On-going compliance nonitored by the Administrational manufacture.	he Qualit December eviewed ereafter. nonitored intenance intenance intenance intenance ileality ce will	
	This STANDARD is n NFPA 72, 7-3.2.1 Del	ot met as evidenced by: tector sensitivity shall be					

8654715832 T-480 P0013/0026 F-863 AND THE SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445473 NAME OF PROVIDER OR SUPPLIER 12/06/2011 STREET ADDRESS, CITY, STATE, ZIP CODE JEFFERSON COUNTY NURSING HOME: 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX (X5) COMPLETION DATE TAG DEFICIENCY) K 104 Continued From page 4 K 104 confirmed a ventilation duct which penetrated the wall above the fire doors by the Admissions office was not connected to any ductwork on either side, leaving an unprotected opening in the fire rated wall.

14-40- II 19:00 FROM-DOWN BUSINESS UTTICE

STATEMENT OF DEFICIENCIES (X1) PI AND PLAN OF CORRECTION ID		(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER: 446473	(X2) MUL A. BUILDI B. WING	iNG	
	ROVIDER OR SUPPLIER SON COUNTY NURS			REET ADDRESS, CITY, STATE, ZIP CODE 914 INDUSTRIAL PARK RD DANDRIDGE, TN 37725	06/2011
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 056 \$\$=D	There is an automi in accordance with Installation of Sprir components, devic complete coverage The system is main NFPA 25, Standard and Maintenance of Systems. There is supply for the systems	AFETY CODE STANDARD atic sprinkler system, installed NFPA 13, Standard for the okler Systems, with approved ses, and equipment, to provide of all portions of the facility, intained in accordance with d for the Inspection, Testing, of Water-Based Fire Protection a reliable, adequate water em. The system is equipped tamper switches which are re alarm system. 18.3.5.	K 056	The facility will assure all areas of the building are sprinkled. The Fire Alarm Control Panel (FACP) closet at the font entrance of the building will have an automatic sprinkler coverage installed. This issue was addressed by the Quality Assurance Committee at the December 16, 2011 meeting and will be reviewed for compliance periodically thereafter. Ongoing compliance will be monitored by the Administrator and Maintenance Director.	01/19/12
K 130 SS=F	Based on observa all areas of the buil The findings includ Observation on De revealed the Fire A closet at the front & Automatic Sprinkle NFPA 101 MISCEL OTHER LSC DEFI This STANDARD Based on observa one (1) hour fire ra The findings includ Observation on De revealed ten (10) proom and kitchen a	e: cember 6, 2011 at 9:25 a.m. larm Control Panel (FACP) intrance of the building has no r coverage installed. LANEOUS CIENCY NOT ON 2786 is not met as evidenced by: tion, the facility failed to assure ted construction is maintained.	K 130	The facility will assure one (1) hour fire rated construction is maintained. The required forty five (45) minute fire door will be installed for each patient room for protection from the fireplace. (continued on next page)	

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TATEMENT OF DEFI ND PLAN OF CORRE	CIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G 02 - 916 INDUSTRIAL PARK	(X3) DATE S	
		445473	B. WING	22 TAN THE SECTION CALL		
AME OF PROVIDER	OR SUPPLIED	445473			12/0	06/2011
JEFFERSON CO		NG HOME	9	EET ADDRESS, CITY, STATE, ZIP CO 14 INDUSTRIAL PARK RD ANDRIDGE, TN 37725	DDE	
(X4) ID PREFIX (EA TAG REG	AD DEDICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULDE	COMPLÉTIO DATE
minute fireplace Nation 18.5.2.2 heating that con device of heating vent con directly installed combus occupie safety fe fuel and either ex Exception heaters means of provided enough if the area features Exception and used areas, pr from patin having no rating an provision be equipp less than enclosure temperatineat-tem	all containing not have the fire door inside. Fire Protection of the Protection of t	g a twenty (20) minute doors e required forty five (45) talled for protection from the on Association (NFPA) 101, g device other than a central pe designed and installed so aterial will not be ignited by the enances. If fuel-fired, such all take air for combustion be, and shall be designed and for complete separation of the from the atmosphere of the heating device shall have a mediately stop the flow of the equipment in case of a peratures or ignition failure, approved, suspended unit mitted in locations other than depattent sleeping areas, eaters are located high the reach of persons using tipped with the safety.	K 130	(continued from previor This issue was addressed Quality Assurance Corthe December 16, 2011 and will be reviewed for ance periodically there going compliance will be tored by the Administry Maintenance Director.	ed by the nmittee at meeting r compli- after. On-	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 916 INDUSTRIAL PARK - C B. WING		0938-0391 RVEY (ED	
	ROVIDER OR SUPPLIER	(STF 9	REET ADDRESS, CITY, STATE, ZIP CODE 14 INDUSTRIAL PARK RD DANDRIDGE, TN 37725	12/06	/2011
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD SE	COMPLETION DATE
				ith bat-	01/19/12	
	Based on observed failed to provide the location with batter the findings inclusion and increased the served confirmed the emean of the location and increased the location and increased the location and increased the location and increased the location and location	is not met as evidenced by: ation and interview, the facility he emergency generator ery-powered emergency lighting, de: interview with the Maintenance mber 6, 2011 at 9:25 a.m. ergency generator location was battery-powered emergency		This issue was addressed by Quality Assurance Commit the December 16, 2011 mee will be reviewed for compliriodically thereafter. On-g compliance will be monitor the Administrator and Mai Director.	tee at ting and ance pe- oing ed by	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

Administrator

(X6) DATE

12/20

CENTE TATEMEN IND PLAN C	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - 918 INDUSTRIAL PARK - (COMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
VAME OF E	ROVIDER OR SUPPLIER	1			12/06/2011		
JEFFERSON COUNTY NURSING HOME				REET AODRESS, CITY, STATE, ZIP CODE 14 INDUSTRIAL PARK RO DANDRIDGE, TN 37725			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETIO DATE	
	and did not have the minute fire door insectively active that combustible made device or its appurent heating plant shall in that combustible made device or its appurent heating devices shall device or its appurent occupied area. Any safety features to infuel and shut down either excessive ten exception No. 1: Appears of egress and provided that such features required by exception No. 2: Finand used only in area areas, provided that such from patient sleeping having not less than rating and that such provisions of 9.2.2. I be equipped with a fess than 4 in. (10.2 enclosure guarantee temperature of 650°	g a twenty (20) minute doors e required forty five (45) talled for protection from the talled for protection from the on Association (NFPA) 101, g device other than a central be designed and installed so aterial will not be ignited by the enances. If fuel-fired, such all be chimney connected or all take air for combustion e, and shall be designed and for complete separation of the from the atmosphere of the heating device shall have mediately stop the flow of the equipment in case of inperatures or ignition failure, opproved, suspended unit mitted in locations other than dipatient sleeping areas, neaters are located high the reach of persons using uipped with the safety 18.5.2.2. replaces shall be permitted as other than patient sleeping such areas are separated g spaces by construction a 1-hour fire resistance fireplaces comply with the naddition, the fireplace shall hearth that shall be raised not cm) and a fireplace of Gorother approved material	К 130	(continued from previous This issue was addressed by Quality Assurance Committee December 16, 2011 me and will be reviewed for coance periodically thereafter going compliance will be notored by the Administrator Maintenance Director.	y the ittee at eting ompli- er. On- ioni-		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are discloseble 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Administrator

12,

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER; COMPLETED A. BUILDING 04 - 920 INDUSTRIAL PARK - C B. WING 445473 12/06/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE 914 INDUSTRIAL PARK RD JEFFERSON COUNTY NURSING HOME DANDRIDGE, TN 37725 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 130 Continued From page 2 K 130 jurisdiction, special hazards are present, a lock on the enclosure and other safety precautions shall be permitted to be required. K 144 NFPA 101 LIFE SAFETY CODE STANDARD K 144 SS=D Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide the emergency generator location with battery-powered emergency lighting. The findings include: Observation and interview with the Maintenance Director, on December 6, 2011 at 11:00 a.m. confirmed the emergency generator location was not provided with battery-powered emergency lighting.